

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 579700

FILING DATE

5-19-06

APPLICANT(S)

CLAIMS

IND.	DEP.	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
1				1			
2		1					
3		2					
4		1					
5		1					
6		1					
7		1					
8		1					
9		1					
10		1					
11		1					
12		1					
13		1					
14		1					
15		1					
16		1					
17		1					
18		1					
19	1			1			
20		1					
21		2					
22		1					
23		1					
24		1					
25		1					
26		1					
27		1					
28	1			1			
29		1		1			
30							
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49							
50							
TOTAL IND.			3				
TOTAL DEP.			16				
TOTAL CLAIMS			29				

IND.	DEP.	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
51							
52							
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97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							